



City of Emeryville

INCORPORATED 1896

1333 Park Avenue, Emeryville, CA 94608-3517
t (510) 596-4300 | f (510) 596-4389

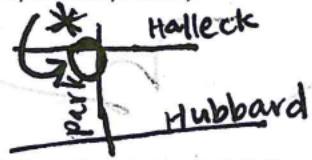
CITY OF EMERYVILLE
RECEIVED

SEP 19 2019

City Manager's Office

Application for an ADA Blue Disabled Parking Zone

APPLICANT INFORMATION

Full Name: SHED SALON / LISA HELLAM		Date: 9/19/19
Business Name (if applicable): SHED SALON		
Business / Mailing Address: [REDACTED]		
Business Phone: [REDACTED]	Home Phone:	Cell Phone:
Email Address: [REDACTED]		
<input type="checkbox"/> I require language translation assistance (please specify which language): ⁴		
Street Address / Intersection / Location of Proposed Parking Zone (please be as specific as possible): corner of Park & Halleck. 		
Reason for Request: we have several base handicap clients that cannot walk long distances. We'd like to support our clients as best as possible while honoring ADA regulations.		

RESIDENT APPLICANTS ONLY

Proof of Emeryville Residency

Residential applicants must provide one of the following proofs of residency with the application:

1. Utility Bill
2. State or Federal Issued Picture Identification
3. Rental or Lease Agreement

⁴ Staff will make every possible effort to provide the applicant with language translation assistance services; however, language translation assistance cannot be guaranteed.

Proof of Disability and Possession of DMV-Issued Disabled Placard

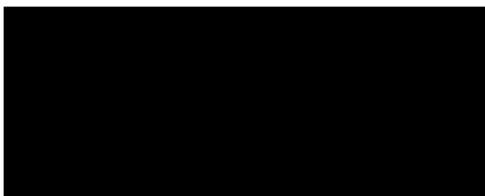
Residential applicants must have a valid State-issued Disabled Plate or Placard. Proof can be provided by submitting a copy of supporting documentation issues by the DMV.

Can a copy of a DMV-Issued Disabled Placard be provided? ☐ Yes ☐ No

Can a copy of a current DMV-Issued Vehicle Registration form be provided? ☐ Yes ☐ No

UNDERSTANDING OF ADA BLUE DISABLED PARKING ZONE POLICY AND USE AGREEMENT

I have read and understand the Disabled Blue Zone Parking Policy, and to the best of my knowledge, my request meets ALL the installation criteria, requirements, and conditions presented. I agree to meet with staff from the City to review the installation request, and if approved, understand that I have a duty to inform the City if the space is no longer required. I also understand that, if approved, this will not be a private space for my residents or business, and that it must be made available to other vehicles that display a disabled placard on a first come, first served basis.



LISA HELLAM

Name

9/18/19

Date

Please return the completed application and required documents to:

CITY OF EMERYVILLE
City Manager's Office
Attn: ADA Administrator
1333 Park Avenue
Emeryville, CA 94608